35 PTO/SB/06 (08-03)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								~DE	3-768	600	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY	OR	OTHER SMALL		
	FOR	NUMBE	NUMBER FILED		NUMBER EXTRA		RATE FEE		RATE	FEE	
	C FEE FR 1.16(a))						\$	OR		3	
TOTA	L CLAIMS FR 1.16(c))		minus 20 °		•		x \$=	OR	x s=		
INDEPENDENT CLAIMS (37 CFR 1.16(b))			minus 3 =		•		x 8=	OR	x \$=		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))							+5=	OR	+		,
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL	OR	TOTAL		,	
		IMS AS AMI						•			
10	-16-06			(Calumn 2)	(Calumn 3)		SMALL ENTITY	OR		R THAN ENTITY	
٨		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA		RATE ADDI- TIONAL 1 F#E		RATE	ADDI- TIONAL FEE	
MENT	Total	AMENDMENT DE	Minus	" 22	=	l	x 5_2	OR	x 8=		•
ENDM	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	12	Minus	"B	· <i>B</i>	l	x * V	OR	X \$=	1600	
AME		TION OF MULTIPLE	E DEPENDE	INT CLAIM (37 CF		١	+; _= \	OR	+8=		_
48.60 70.84.85,86,88,91,92,93,95,97,						•	TOTAL ADD'L REE	OR	TOTAL ADD'L FEE	1600	
,	· , · , · , ·	(Column 1)		(Column 2)	(Column 3)					フ	
¶ B		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ME	Total (37 CFR 1.16(c))	AMENDMENT	Minus	**		1	x s =	OR	x s=		
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	***	= .	1	x s=	OR	x s=		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))					1	+5 =	OR	+ \$=		
							TOTAL ADD'L FEE	OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Cotumn 3)			_			
2		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA]	RATE ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
OMENT	Total	AMENDMENT .	Minus	PAID FOR	-78	1	X \$=	OR	x 50.	900	
	(37 CFR 1.16(c)) Independent (37 CFR 1.18(c))	17	Minus	11/2	1.0	1	x s =	OR	x s=		
AMEN	EIDET COECENT	TION OF MILE TID	LE DEPEND	ENT CLAIM (37 C	FR 1.18(d))	1	+5=	OR	+ \$=	2	
尸	rinai ricachii	or mouth.		=		M	TOTAL ADD'L FEE	OR	TOTAL ADD'L FEE	900	
of the entry in column 1 is less than the entry in column 2, write "0" in column 3. The filter of Number Provinced Paid For IN THIS SPACE is less than 20, enter "20".											
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the This collection is estimated to take 12 minutes to complete.											
This	collection of inform	nation is require	u by 37 C fidentiality	is coverned by 3	5 U.S.C. 122 a	nd :	37 CFR 1.14. This collection i	s estimate	d to take 12 min	utes to complete,	1110

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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